

Anaphylaxis

Quality standard

Published: 24 March 2016

[nice.org.uk/guidance/qs119](https://www.nice.org.uk/guidance/qs119)

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This standard is based on CG134.

This standard should be read in conjunction with QS97, QS44, QS25 and QS2.

Introduction

This quality standard covers the care of adults, young people and children after emergency treatment for suspected anaphylaxis, including referral to a specialist allergy service. For more information see the [food allergy and anaphylaxis topic overview](#).

NICE quality standards focus on aspects of health and social care that are commissioned locally. Areas of national policy, such as national training standards, are therefore not covered by this quality standard.

Why this quality standard is needed

Anaphylaxis is a severe, potentially life-threatening generalised allergic reaction. It is characterised by rapidly developing symptoms and signs including skin changes (such as redness and itching), mucosal changes (swelling below the skin surface), swallowing and breathing difficulties (due to swollen mouth, throat or tongue), wheezing, rapid breathing rate (tachypnoea), rapid heart rate (tachycardia) and falling blood pressure (hypotension).

The incidence of anaphylaxis in the UK is increasing, with a reported increase in hospital admissions for anaphylaxis from 1 to 7 cases per 100,000 population per year between 1992 and 2012^[1]. An estimated 20 deaths from anaphylaxis are reported each year in the UK.

The quality standard is expected to contribute to improvements in the following outcomes:

- incidence of anaphylactic episodes
- admission rate for anaphylactic episodes
- mortality from anaphylactic episodes.

How this quality standard supports delivery of outcome frameworks

NICE quality standards are a concise set of prioritised statements designed to drive measurable improvements in the 3 dimensions of quality – safety, experience and effectiveness of care – for a

particular area of health or care. They are derived from high-quality guidance, such as that from NICE or other sources accredited by NICE. This quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following 2 outcomes frameworks published by the Department of Health:

- [NHS Outcomes Framework 2015–16](#)
- [Public Health Outcomes Framework 2013–16](#).

Tables 1 and 2 show the outcomes, overarching indicators and improvement areas from the frameworks that the quality standard could contribute to achieving.

Table 1 [NHS Outcomes Framework 2015–16](#)

Domain	Overarching indicators and improvement areas
1 Preventing people from dying prematurely	<p>Overarching indicators</p> <p>1a Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare</p> <p>i Adults ii Children and young people</p> <p>Improvement areas</p> <p>Reducing mortality in children</p> <p>1.6 i Infant mortality*</p>
2 Enhancing quality of life for people with long-term conditions	<p>Overarching indicator</p> <p>2 Health-related quality of life for people with long-term conditions**</p> <p>Improvement areas</p> <p>Ensuring people feel supported to manage their condition</p> <p>2.1 Proportion of people feeling supported to manage their condition</p>

4 Ensuring that people have a positive experience of care	<p>Overarching indicators</p> <p>4a Patient experience of primary care</p> <p>i GP services</p> <p>4b Patient experience of hospital care</p> <p>4c <i>Friends and family test</i></p> <p>4d <i>Patient experience characterised as poor or worse</i></p> <p>i <i>Primary care</i></p> <p>ii <i>Hospital care</i></p> <p>Improvement areas</p> <p>Improving people's experience of outpatient care</p> <p>4.1 Patient experience of outpatient services</p> <p>Improving people's experience of accident and emergency services</p> <p>4.3 Patient experience of A&E services</p>
<p>Alignment with Public Health Outcomes Framework</p> <p>* Indicator is shared</p> <p>** Indicator is complementary</p> <p>Indicators in italics in development</p>	

Table 2 Public health outcomes framework for England, 2013–16

Domain	Objectives and indicators
1 Improving the wider determinants of health	<p>Objective</p> <p>Improvements against wider factors that affect health and wellbeing and health inequalities</p> <p>Indicators</p> <p>1.3 Pupil absence</p> <p>1.9 Sickness absence rate</p>

4 Healthcare public health and preventing premature mortality	<p>Objective</p> <p>Reduced numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities</p> <p>Indicators</p> <p>4.1 Infant mortality*</p> <p>4.3 Mortality rate from causes considered preventable**</p> <p>4.11 Emergency readmissions within 30 days of discharge from hospital*</p>
<p>Alignment with NHS Outcomes Framework</p> <p>* Indicator is shared</p> <p>** Indicator is complementary</p>	

Safety and people's experience of care

Ensuring that care is safe and that people have a positive experience of care is vital in a high-quality service. It is important to consider these factors when planning and delivering services relevant to anaphylaxis.

NICE has developed guidance and an associated quality standard on patient experience in adult NHS services (see the NICE pathway on [patient experience in adult NHS services](#)), which should be considered alongside this quality standard. They specify that people receiving care should be treated with dignity, have opportunities to discuss their preferences, and be supported to understand their options and make fully informed decisions. They also cover the provision of information to people using services. Quality statements on these aspects of patient experience are not usually included in topic-specific quality standards. However, recommendations in the development sources for quality standards that affect patient experience and are specific to the topic are considered during quality statement development.

Coordinated services

The quality standard for anaphylaxis specifies that services should be commissioned from and coordinated across all relevant agencies encompassing the whole anaphylaxis care pathway. A person-centred, integrated approach to providing services is fundamental to delivering high-quality care to people with anaphylaxis.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality. Commissioners and providers of health and social care should refer to the library of NICE quality standards when designing high-quality services. Other quality standards that should also be considered when choosing, commissioning or providing a high-quality anaphylaxis service are listed in [related quality standards](#).

Training and competencies

The quality standard should be read in the context of national and local guidelines on training and competencies. All healthcare professionals involved in assessing, caring for and treating people with anaphylaxis or suspected anaphylaxis should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard. Quality statements on staff training and competency are not usually included in quality standards. However, recommendations in the development source(s) on specific types of training for the topic that exceed standard professional training are considered during quality statement development.

Role of families and carers

Quality standards recognise the important role families and carers have in supporting people with anaphylaxis. If appropriate, healthcare practitioners should ensure that family members and carers are involved in the decision-making process about investigations, treatment and care.

^[1] Turner PJ, Gowland MH, Sharma V et al. (2015) [Increase in anaphylaxis-related hospitalizations but no increase in fatalities: an analysis of United Kingdom national anaphylaxis data, 1992–2012](#). *Journal of Allergy and Clinical Immunology*. 135: 956–963

List of quality statements

Statement 1. People who have emergency treatment for suspected anaphylaxis are referred to a specialist allergy service.

Statement 2. People who are prescribed an adrenaline auto-injector after emergency treatment for suspected anaphylaxis are given training in how and when to use it before being discharged.

Statement 3. People who have a systemic reaction to wasp or bee stings are referred to a specialist allergy service to assess whether venom immunotherapy would be suitable.

Statement 4. (placeholder) Ongoing training in adrenaline auto-injector use.

Quality statement 1: Referral to specialist allergy services after emergency treatment

Quality statement

People who have emergency treatment for suspected anaphylaxis are referred to a specialist allergy service.

Rationale

Specialist allergy services can provide a definitive diagnosis and identify the cause of an anaphylactic reaction. Referral to these services after emergency treatment for suspected anaphylaxis will ensure that people receive the correct advice and treatment. If people are not referred to a specialist allergy service their safety might be compromised and they may receive inappropriate management, have an increased risk of recurrent anaphylactic reactions and feel anxious about possible recurrence.

Quality measures

Structure

Evidence of local arrangements and written clinical protocols to ensure that people who have emergency treatment for suspected anaphylaxis are referred to a specialist allergy service.

Data source: Local data collection.

Process

Proportion of cases of emergency treatment for suspected anaphylaxis that are followed by referral to a specialist allergy service.

Numerator – the number in the denominator that are followed by referral to a specialist allergy service.

Denominator – the number of cases of emergency treatment for suspected anaphylaxis.

Data source: Local data collection.

Outcome

People who are vulnerable to anaphylaxis feel able to manage their condition.

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers (such as primary care providers, emergency departments, paediatric services) ensure that people who have had emergency treatment for suspected anaphylaxis are referred to a specialist allergy service.

Healthcare professionals (such as GPs, emergency department staff, members of paediatric and adult medical teams) refer people who have had emergency treatment for suspected anaphylaxis to a specialist allergy service. The referral can be made by the person's GP, for example, after initial treatment in an emergency department or by hospital staff.

Commissioners (clinical commissioning groups and NHS England) commission local specialist allergy services and agree pathways for referral to specialist allergy services for people who have had emergency treatment for suspected anaphylaxis.

What the quality statement means for patients, service users and carers

People who have had emergency treatment for suspected anaphylaxis (a severe, life-threatening allergic reaction) are offered an appointment at a specialist allergy service. This is to find out the cause of the reaction and to get advice on what to do in the future.

Source guidance

- [Anaphylaxis: assessment and referral after emergency treatment \(2011\) NICE guideline CG134, recommendation 1.1.9](#)

Definitions of terms used in this quality statement

Suspected anaphylaxis

A person who presents with the signs and symptoms of anaphylaxis may be classified as having a 'severe allergic' reaction rather than an 'anaphylactic' reaction. The NICE guideline on [anaphylaxis](#):

[assessment and referral after emergency treatment](#) and the Royal College of Physicians' concise guideline on [emergency treatment of anaphylaxis in adults](#) give details of clinical features that suggest anaphylactic reaction. Anyone who presents with such signs and symptoms should be diagnosed as having 'suspected anaphylaxis'.

[Adapted from [Anaphylaxis: assessment and referral after emergency treatment](#) (NICE guideline CG134)]

Specialist allergy service

A service consisting of healthcare professionals with the skills and competencies needed to accurately investigate, diagnose, monitor and provide ongoing management of, and patient education about, suspected anaphylaxis. The service should be age-appropriate if possible.

[[Anaphylaxis: assessment and referral after emergency treatment](#) (NICE guideline CG134) recommendation 1.1.9]

Details of local allergy services are available from the [British Society for Allergy and Clinical Immunology](#) (BSACI) including information on services with expertise in particular allergies such as food, drug or venom allergies or from [NHS Choices](#). The BSACI website can also be used to find allergy services with appropriate expertise to deal with a particular allergy (for example food, drug, venom allergy).

[Expert opinion]

Equality and diversity considerations

When referring people to a specialist allergy service, any potential difficulties in access such as travelling distance, disability or financial barriers should be taken into account.

Quality statement 2: Education in adrenaline auto-injector use

Quality statement

People who are prescribed an adrenaline auto-injector after emergency treatment for suspected anaphylaxis are given training in how and when to use it before being discharged.

Rationale

Adrenaline auto-injectors should be offered to people after emergency treatment for suspected anaphylaxis, as an interim measure before they have a specialist allergy service appointment. It is important to use an adrenaline auto-injector as soon as possible if an anaphylactic reaction is suspected. Ensuring that people know when and how to use their device will help ensure timely and correct use if they have a further anaphylactic reaction.

Quality measures

Structure

Evidence of local arrangements and written protocols to ensure that people who are prescribed an adrenaline auto-injector after emergency treatment for suspected anaphylaxis are given training in how and when to use it before being discharged.

Data source: Local data collection.

Process

Proportion of people who are prescribed an adrenaline auto-injector after emergency treatment for suspected anaphylaxis who are given training in how and when to use it before being discharged.

Numerator – the number in the denominator who are given training in how and when to use an adrenaline auto-injector before being discharged.

Denominator – the number of people who are prescribed an adrenaline auto-injector after emergency treatment for suspected anaphylaxis.

Data source: Local data collection.

Outcome

a) People who have had a suspected anaphylactic reaction feel able to manage their condition.

Data source: Local data collection.

b) Cases of emergency treatment for suspected anaphylaxis after an adrenaline auto-injector has been prescribed.

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers (such as emergency departments, paediatric and adult medical services) ensure that healthcare professionals can provide training in how and when to use adrenaline auto-injectors for people who are prescribed adrenaline auto-injectors after emergency treatment for suspected anaphylaxis. They also ensure that information on using auto-injectors is available to give to people.

Healthcare professionals (such as emergency department staff, members of paediatric and adult medical services) provide training for people prescribed an adrenaline auto-injector after emergency treatment for suspected anaphylaxis, before they are discharged. They demonstrate correct use, provide an opportunity for the person to practice using a training device, and give people information about how and when to use it.

Commissioners (clinical commissioning groups) ensure that they commission services that can provide training and information on how and when to use adrenaline auto-injectors for people who have been prescribed an adrenaline auto-injector after emergency treatment for suspected anaphylaxis.

What the quality statement means for patients, service users and carers

People who are prescribed an adrenaline auto-injector because they have had emergency treatment for suspected anaphylaxis (a severe, life-threatening allergic reaction) are shown how to use it, can practise using a training injector, and are given information that explains how and when they should use it before they go home from hospital.

Source guidance

- [Anaphylaxis: assessment and referral after emergency treatment \(2011\) NICE guideline CG134](#), recommendation 1.1.11

Definitions of terms used in this quality statement

Training in how and when to use an adrenaline auto-injector

This includes a demonstration of using an adrenaline auto-injector and practice using a training device. Information should also be given about anaphylaxis, including the signs and symptoms of an anaphylactic reaction and what to do if an anaphylactic reaction happens (use the adrenaline auto-injector and call emergency services).

[Adapted from [Anaphylaxis: assessment and referral after emergency treatment](#) (NICE guideline CG134), recommendation 1.1.11 and expert opinion]

Equality and diversity considerations

Information provided about using adrenaline auto-injectors should be accessible to people with additional needs, such as physical, sensory or learning disabilities, and to people who do not read or speak English. People receiving information about adrenaline auto-injectors should have access to an interpreter or advocate if needed.

Quality statement 3: Specialist assessment for venom immunotherapy

Quality statement

People who have a systemic reaction to wasp or bee stings are referred to a specialist allergy service to assess whether venom immunotherapy would be suitable.

Rationale

Venom allergy from bees and wasps accounts for approximately a quarter of adult cases of anaphylaxis of known cause. Venom immunotherapy can reduce the risk and severity of systemic reactions. Ensuring that people who could benefit from venom immunotherapy are assessed for this treatment will help to improve uptake and reduce the incidence of venom-induced anaphylaxis.

Quality measures

Structure

Evidence of local arrangements and written protocols to ensure that people who have a systemic reaction to wasp or bee stings are referred to a specialist allergy service to assess whether venom immunotherapy would be suitable.

Data source: Local data collection.

Process

Proportion of people who have a systemic reaction to a wasp or bee sting who are referred to a specialist allergy service to assess whether venom immunotherapy would be suitable.

Numerator – the number in the denominator who are referred to a specialist allergy service to assess whether venom immunotherapy would be suitable.

Denominator – the number of people presenting with a systemic reaction to a wasp or bee sting.

Data source: Local data collection.

Outcome

a) Prescriptions of venom immunotherapy.

Data source: Local data collection.

b) Incidence of venom-induced anaphylaxis.

Data source: Local data collection.

c) People feel able to manage their condition after treatment for anaphylaxis caused by a wasp or bee sting.

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers (such as primary care providers, emergency departments and specialist allergy services) ensure that there are agreed local pathways in place for people who have a systemic reaction to a wasp or bee sting to be referred to a specialist allergy service for assessment for possible venom immunotherapy. Venom immunotherapy should be offered when suitable as part of the local pathway.

Healthcare professionals (such as GPs and emergency department staff) refer people who have a systemic reaction to a wasp or bee sting to a specialist allergy service for assessment. Healthcare professionals at specialist allergy services assess whether venom immunotherapy is suitable for people referred to them and offer venom immunotherapy if it is suitable.

Commissioners (clinical commissioning groups and NHS England) ensure that they commission specialist allergy services that can offer venom immunotherapy, and that there are agreed local pathways in place for people who have a systemic reaction to a wasp or bee sting to be referred to these services for assessment and treatment.

What the quality statement means for patients, service users and carers

People who have a severe reaction to a bee or wasp sting are offered an appointment at a specialist allergy service to check if they would benefit from treatment (called venom immunotherapy) that can reduce the risk of future reactions to bee or wasp stings.

Source guidance

- [Diagnosis and management of hymenoptera venom allergy](#) (2011) British Society for Allergy and Clinical Immunology (BSACI) guidelines

Definitions of terms used in this quality statement

Specialist allergy service

A service consisting of healthcare professionals with the skills and competencies needed to accurately investigate, diagnose, monitor and provide ongoing management of, and patient education about, suspected anaphylaxis. The service should be age-appropriate if possible.

[[Anaphylaxis: assessment and referral after emergency treatment](#) (NICE guideline CG134) recommendation 1.1.9]

Details of local allergy services are available from the [British Society for Allergy and Clinical Immunology](#) (BSACI) including information on services with expertise in particular allergies, such as food, drug or venom allergies or from [NHS Choices](#). The BSACI website can also be used to find allergy services with appropriate expertise to deal with a particular allergy (for example food, drug, venom allergy).

[Expert opinion]

Assessment for venom immunotherapy

A number of criteria are evaluated before giving venom immunotherapy, to identify whether the treatment is safe and appropriate. NICE's guidance on [pharmalgen for the treatment of bee and wasp venom allergy](#) (TA246) and the British Society for Allergy and Clinical Immunology's guidelines on the [diagnosis and management of hymenoptera venom allergy](#) provide criteria for assessment for venom immunotherapy.

[Expert opinion]

Venom immunotherapy should be carried out only by allergy specialists with experience and knowledge in this field and in centres undertaking venom immunotherapy in significant numbers of patients and where the team has expertise in treating anaphylaxis.

[[Diagnosis and management of hymenoptera venom allergy \(2011\) British Society for Allergy and Clinical Immunology \(BSACI\) guidelines](#)]

Equality and diversity considerations

When referring people to a specialist allergy clinic, any potential difficulties in access such as travelling distance, disability or financial barriers should be taken into account.

Quality statement 4 (placeholder): Ongoing training in adrenaline auto-injector use

What is a placeholder statement?

A placeholder statement is an area of care that has been prioritised by the Quality Standards Advisory Committee but for which no source guidance is currently available. A placeholder statement indicates the need for evidence-based guidance to be developed in this area.

Rationale

Recurrence of an anaphylactic reaction can occur a long time after an adrenaline auto-injector is first prescribed and after a person, and their families or carers, are shown how to use the device. People who have been prescribed an adrenaline auto-injector following an anaphylactic reaction are more likely to be able to self-manage anaphylactic reactions if they are provided with ongoing training on how and when to use their adrenaline auto-injector.

Using the quality standard

Quality measures

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of care in areas identified as needing quality improvement. They are not a new set of targets or mandatory indicators for performance management.

We have indicated if current national indicators exist that could be used to measure the quality statements. These include indicators developed by the Health and Social Care Information Centre through its [Indicators for Quality Improvement Programme](#). If there is no national indicator that could be used to measure a quality statement, the quality measure should form the basis for audit criteria developed and used locally.

See NICE's [what makes up a NICE quality standard?](#) for further information, including advice on using quality measures.

Levels of achievement

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, NICE recognises that this may not always be appropriate in practice, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.

NICE's [quality standard service improvement template](#) helps providers to make an initial assessment of their service compared with a selection of quality statements. It includes assessing current practice, recording an action plan and monitoring quality improvement.

Using other national guidance and policy documents

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered alongside the documents listed in [development sources](#).

Diversity, equality and language

During the development of this quality standard, equality issues have been considered and [equality assessments](#) are available.

Good communication between health, public health and social care practitioners and people with anaphylaxis, and their families or carers (if appropriate), is essential. Treatment, care and support, and the information given about it, should be both age-appropriate and culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. People with anaphylaxis and their families or carers (if appropriate) should have access to an interpreter or advocate if needed.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

Development sources

Further explanation of the methodology used can be found in the quality standards [process guide](#).

Evidence sources

The documents below contain recommendations from NICE guidance or other NICE-accredited recommendations that were used by the Quality Standards Advisory Committee to develop the quality standard statements and measures.

- [Anaphylaxis: assessment and referral after emergency treatment \(2011\) NICE guideline CG134](#)
- [Diagnosis and management of hymenoptera venom allergy \(2011\) British Society for Allergy and Clinical Immunology \(BSACI\) guidelines](#)

Policy context

It is important that the quality standard is considered alongside current policy documents, including:

- NHS England (2013) Specialised Immunology and Allergy Services Clinical Reference Group service specification. [Specialised allergy services \(all ages\)](#)
- NHS England (2013) Specialised Paediatric Services Clinical Reference Group service specification. [Paediatric medicine: specialised allergy services](#)
- Royal College of Paediatrics and Child Health (2011) [Allergy care pathways for children: anaphylaxis](#)
- Department of Health (2007) [Government response to the science and technology committee report on allergy](#)

Related NICE quality standards

Published

- [Drug allergy](#) (2015) NICE quality standard 97
- [Atopic eczema in under 12s](#) (2013) NICE quality standard 44
- [Asthma](#) (2013) NICE quality standard 25

Future quality standards

This quality standard has been developed in the context of all quality standards referred to NICE, including the following topics scheduled for future development:

- Acute medical admissions in the first 48 hours
- Readmission to ICU within 48 hours

The full list of quality standard topics referred to NICE is available from the [quality standards topic library](#) on the NICE website.

Quality Standards Advisory Committee and NICE project team

Quality Standards Advisory Committee

This quality standard has been developed by Quality Standards Advisory Committee 4. Membership of this committee is as follows:

Miss Alison Allam

Lay member

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GP Principal, Oakfield Health Centre, Kent

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Primary Care Pharmacist, NHS Bath and North East Somerset

Mr Michael Varrow

Policy and Analysis Officer, Association of Directors of Adult Social Services, London

Mr David Weaver

Head of Quality and Safety, North Kent Clinical Commissioning Group

The following specialist members joined the committee to develop this quality standard:

Dr Elizabeth Angier

GP, NHS Sheffield Teaching Hospital

Dr Trevor Brown

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About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

The methods and processes for developing NICE quality standards are described in the [quality standards process guide](#).

This quality standard has been incorporated into the NICE pathway on [anaphylaxis](#).

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

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ISBN: 978-1-4731-1803-4

Endorsing organisation

This quality standard has been endorsed by NHS England, as required by the Health and Social Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- [Anaphylaxis Campaign](#)
- [British Society for Allergy and Clinical Immunology](#)
- [Royal College of Physicians](#)
- [Royal College of General Practitioners](#)
- [Faculty of General Dental Practice](#)